

Case Number:	CM14-0123955		
Date Assigned:	08/08/2014	Date of Injury:	02/26/1997
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 65 year-old female was reportedly injured on 2/26/1997. The mechanism of injury is noted as a fall while opening boxes. The most recent progress note dated 6/10/2014, indicates that there are ongoing complaints of right upper trapezius and shoulder pain. Physical examination demonstrated tenderness to right cervical paraspinal, right trapezius and bilateral pectorals minor muscles; positive supraspinatus test bilaterally; limited cervical spine range of motion. No recent diagnostic imaging studies available for review. Diagnosis: bilateral shoulder tear, shoulder arthropathy, and cervical spine stenosis. Previous treatment includes medications and a recent surgical consultation. A request had been made for shoulder support, which was not certified in the utilization review on 7/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Shoulder support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: MTUS/ACOEM practice guidelines do not support slings or shoulder supports for subacute or chronic shoulder pain. Review of the available medical records indicates the claimant has chronic right shoulder pain after a work related injury in 1997. As such, this request of shoulder support is not considered medically necessary.